

Dear Reader:

It is the Company's responsibility to provide current information to the Department to handle questions & office correspondence. Please update/complete the form only if information has changed.



COMPANY INFORMATION

Please check the following boxes that apply:

☐ **BUSINESS** ☐ **MAILING** ☐ **STATUTORY HOME** ☐ **MAIN ADMINISTRATIVE**

NAME: _____

NAIC #: _____

GROUP CODE #: _____

EIN #: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PO BOX: _____

PO BOX ZIP: _____

MAIN PHONE: _____

TOLL FREE #: _____

MAIN FAX: _____

MAIN EMAIL: _____

WEBSITE: _____

COUNTRY IF OUTSIDE USA: _____

POSTAL CODE: _____

PRESIDENT INFORMATION

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PO BOX: _____

PO BOX ZIP: _____

DIRECT PHONE: _____

FAX: _____

EMAIL: _____

COUNTRY IF OUTSIDE USA: _____

POSTAL CODE: _____

ANNUAL STATEMENT CONTACT INFORMATION

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PO BOX: _____

PO BOX ZIP: _____

DIRECT PHONE: _____

FAX: _____

EMAIL: _____

COUNTRY IF OUTSIDE USA: _____

POSTAL CODE: _____

PLEASE RETURN FORM TO:

MAIL: Delaware Insurance Department, ATTN: BERG, 841 Silver Lake Blvd., Dover, DE 19904
EMAIL: BERG@state.de.us
FAX: (302) 739-2709